Statewide Information System 2022-2023 CYCLE 4 – Certification of Data Accuracy

I hereby certify by my signature below that I have to following individual reports required for the Statewide contained in each report is true, accurate and timely for further certify that each report is a complete and full restricted that no further edits or re-submissions of any report is a shall be made to these reports unless required by law of and based upon the forgoing promises and covenants, the status and condition of the	Information System (SIS) Cycle 4 report. The data or the reporting time period of each required report. I eport of all data required by the respective reports and necessary. Therefore, I hereby agree that no changes or agreed to by the Arkansas Department of Education; I submit that the following reports accurately describe School District as of the reports I refer to above and submit as part of the
Act 61-Tier I Training Bank Reconciliation Report Contact Persons-District/School Digital Equity Counts District General Information School Calendar School General Information School Consolidated LEA School Preschool Counts Special Education – Early Childhood Federal Child Court Special Education – Early Childhood Federal Child Court Special Education – Early Childhood Federal Child Court Special Education – Early Childhood State Child Court Special Education – Early Childhood Federal Child Court Special Education – Early Childhood Federal Child Court Special Education – Early Childhood Federal Child Court Special Education – Employee Special Education – School Age Federal Child Count by Special Education – School Age Federal Child Count by Special Education – School Age Federal Child Count by Special Education – School Age Federal Child Count by Special Education Detail Reports - Early Childhood/School Student ID Change Student ELL Information Student Homeless Information Student Seal of Biliteracy Student Status information Report	nt by Placement/Race nt by Age/Disability by Program Type/Residential LEA nt by Placement/Disability nt by Disability/Race/Gender Age/Disability Placement/Race Race/Disability
SCHOOL DISTRICT	LEA
SUPERINTENDENT'S SIGNATURE	DATE

PLEASE COMPLETE AND SIGN THIS FORM: THE FORM WILL BE UPLOADED AS PART OF THE CYCLE SUBMISSION PROCESS. (Keep a copy of form for your records)